

2217

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <u>5</u>	
County <u>APACHE</u>	District <u>St. Johns</u>	ORIGINAL CERTIFICATE OF DEATH	
Town <u>St. Johns</u>	Or City <u>St. Johns</u>	County Registered No. <u>90</u>	
No. <u>24</u>		Local Registrar's No. <u>24</u>	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>John Berry Jolley</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>White Indian</u>	DATE OF DEATH <u>Oct. 24</u> 19 <u>20</u>	
	<u>Black Chinese</u>	(Month) (Day) (Year)	
	<u>Mexican</u>		
DATE OF BIRTH <u>(?)</u> 18 <u>52</u>	<u>SINGLE</u>	I hereby certify, that I attended deceased from <u>191</u> to <u>Saw him after death</u>	
(Month) (Day) (Year)	<u>MARRIED</u>	191 to <u>Saw him after death</u> , that I last saw h. <u>after death</u> alive	
AGE <u>68</u> yrs. <u>0</u> mos. <u>0</u> days <u>0</u> hrs., or <u>0</u> min.	<u>WIDOWED</u>	on <u>191</u> , and that death occurred on the date	
OCCUPATION <u>Farmer</u>	<u>DIVORCED</u>	stated above at <u>0</u> M. The DISEASE or INJURY causing	
(a) Trade, profession or particular kind of work.		Death was as follows: <u>Apoplexy</u>	
(b) General nature of industry, business, or establishment in which employed or (employee)		(Duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> days	
BIRTHPLACE (State or country) <u>Don't Know</u>		Was disease contracted in Arizona? <u>0</u>	
NAME OF FATHER <u>Don't Know</u>		If not, where? <u>0</u>	
BIRTHPLACE OF FATHER (State or Country) <u>Don't Know</u>		CONTRIBUTORY <u>Age build etc</u>	
MAIDEN NAME OF MOTHER <u>Don't Know</u>		(Duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> days	
BIRTHPLACE OF MOTHER (State or Country) <u>Don't Know</u>		(Signed) <u>J. J. Boudier md</u>	
		191 (Address) <u>St. Johns Ariz</u>	
		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
		LENGTH OF RESIDENCE	
		At place of death <u>39</u> yrs. <u>0</u> mos. <u>0</u> ds. In Arizona <u>30</u> yrs. <u>0</u> mos. <u>0</u> ds.	
		Former or Usual Residence <u>Utah</u>	
		Filed <u>Nov 5 1920</u> <u>Martin Jensen</u>	
		Local Registrar	
		Filed <u>Nov 10 1920</u> <u>J. J. Boudier</u>	
		County Registrar	